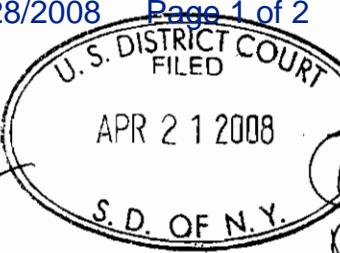


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Lisa Price

DOC # 5



(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

ELIA KRONFELD ATTORNEY PRO
DOCKET #:
- against - DATE FILED: 4/23/08

Mount Sinai Hospital, Elia

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

PLEASE TAKE NOTICE that upon the annexed affirmation of

Lisa Price,
(name)

affirmed on 21 04, 2008, and upon the exhibits attached thereto (delete if no
(date)

exhibits), the accompanying Memorandum of Law in support of this motion (delete if there is no

Memorandum of Law), and the pleadings herein, plaintiff/defendant will move this Court, before
(circle one)

Michael H. Polizzi United States District/Magistrate Judge, for an order
(Judge's name) (circle one)

pursuant to Rule _____ of the Federal Rules of Civil Procedure granting (state what you want the

Judge to order): Appendix Summons - The defendants have not responded to my complaint that was sent by the U.S. Marshal's Office. The U.S. Marshal's office will have no issue them personally, but they will need more time. Please set copies of document #1 showing that I sent a complaint summons on 3/18/08 within the DC

I declare under penalty of perjury that the foregoing is true and correct. do.

Dated: New York, NY
(city) 04 21, 2008
(month) (day) (year)

The summons have

Signature Lisa Price
Address 1952 First Avenue, Apt 3K
New York, NY 10029
Telephone Number (212) 831-2957
Fax Number (if you have one) same

END (REVERSE) OF NE

Rev. 05/2007

The U.S. Marshal advises that it mailed the summons and complaint on March 26, 2008, and that if no response is received by April 28, 2008, personal service will be attempted. Accordingly, no relief is currently needed.

22/08 4/28/08

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKLisa Price

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

07 Civ. 11318 () (MHD)

- against -

Mount Sinai Hospital, Et alAFFIRMATION IN
SUPPORT OF MOTION

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, Lisa Price, affirm under penalty of perjury that:

1. I, Lisa Price, am the plaintiff/defendant in the above entitled action,
 and respectfully move this Court to issue an order Attending Summonses.
 (state what you want the Judge to order)

2. The reason why I am entitled to the relief I seek is the following (state all your reasons using additional paragraphs and sheets of paper as necessary): The defendants Mount Sinai Hospital, Et al have not responded to my summons therefore the U.S Marshals have to personally serve summons but will need an extended time period. I sent my complaint to U.S Marshals Office within the 120 days, but they need more time since Mount Sinai has not responded WHEREFORE, I respectfully request that the Court grant this motion, as well as such other and further relief as may be just and proper.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: New York, NY
 (city) 04 (month) 21 (day), 2008 (year)

Signature Lisa Price
 Address 1952 First Ave Apt 3L
New York, NY 10029
 Telephone Number (212) 831-2957
 Fax Number (if you have one) same